

Title: **Medical Decision-Making**

Session: **R-5-0800**



Objectives

- Understand the nature of E/M services
 - Understand the relationship between ICD-9-CM and E/M codes
 - Understand the relationship between medical necessity and E/M codes
 - Be able to define E/M services
- Understand the elements and levels of medical decision-making
- Be able to determine the level of medical decision-making for an E/M encounter



Overview

- Nature of E/M Services
- Evaluation and Management Defined
- Medical Decision-Making
 - Diagnoses and/or Management Options
 - Data Reviewed/Ordered
 - Level of Risk of Complications and/or Morbidity or Mortality



Nature of E/M Services: ICD-9 and CPT Coding Relationship

- ICD-9 codes explain WHY the service was performed
- CPT codes explain WHAT service was performed
- Diagnosis codes must support the CPT code(s) assigned



Nature of E/M Service: Medical Necessity

- Medical necessity – Patient's presenting problem or reason for the visit
 - Level of service provided depends on what is medically reasonable and necessary as demonstrated in the documentation, not just the amount of documentation
 - Supported by ICD-9 diagnoses codes assigned



Nature of E/M Services: Evaluation and Management Defined

- The professional services provided face-to-face by provider during a visit
- Visit: Healthcare characterized by the professional examination and evaluation of a patient and the delivery or prescription of a care regimen. For a visit to be counted, there must be:
 - Interaction between an authorized patient and a healthcare provider,
 - Independent judgment about the patient's care, and
 - Documentation (including, at a minimum, the date, clinic name, reason for visit, patient assessment, description of the interaction between the patient and the healthcare provider, disposition, and signature of the provider of care) in the patient's authorized record of medical treatment. (DoD 6010.15-M)



E/M Components

- E/M Components
 - History*
 - Examination*
 - Medical Decision-Making*
 - Counseling
 - Coordination of Care
 - Nature of Presenting Problem
 - Time
- * = Key Component



Medical Decision-Making: CMS and CPT Description

- Refers to the complexity of establishing a diagnosis and/or selecting a management option, which is determined by considering the following elements:
 1. The number of possible diagnoses and the number of management options that must be considered (Box A);
 2. The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed (Box B); and
 3. The risk of significant complications, morbidity, and/or mortality as well as co-morbidities associated with the patient's presenting problem(s), the diagnostic procedure(s), and/or the possible management options (Box C).



Medical Decision-Making

- 3 Elements:
 - Number of diagnosis/management options
 - Amount of data reviewed/ordered
 - Level of risk of complications and/or morbidity or mortality
- 4 Levels:
 - Straightforward
 - Low
 - Moderate
 - High
- To qualify for a given type of decision-making, two of the three elements must be met or exceeded



Medical Decision-Making: Diagnoses and/or Management Options

- Primary Diagnosis:
 - MHS Guidelines 2.2.1: The primary diagnosis is the reason for the encounter, as determined by the documentation. The chief complaint does not have to match the primary diagnosis
 - AMA CPT 2011 pg. 6: Presenting Problem = “A disease, condition, illness, injury, symptom, sign, finding, complaint, or other reason for encounter, with or without a diagnosis being established at the time of the encounter”



Medical Decision-Making: Diagnoses and/or Management Options

- Secondary Diagnoses:
 - MHS Coding Guidelines 2.2.2: Conditions or diseases that exist at the time of the encounter, but do not affect the current encounter are not coded. Documented conditions or diseases that affect the current encounter, are considered in decision making, and are treated or assessed, are coded
 - AMA CPT 2011 pg. 9: “Co-morbidities/underlying diseases, in and of themselves, are **not** considered in selecting a level of E/M services **unless** their presence significantly increases the complexity of the medical decision-making”



Medical Decision-Making: Diagnoses and/or Management Options

- Specificity:
 - MHS Coding Guidelines 2.2.3: Specificity in coding is assigning all the available digits for a code. Diagnostic codes should be assigned at the highest level of specificity
- 3.1.1.2 Self-Limited/Minor Problems
 - A common error in E/M leveling is to assign a self-limited or minor problem in the “Number of Diagnoses or Treatment Options” component of medical decision-making to the level of a new problem, creating a tendency to overvalue the level of medical decision-making and increasing the risk of over-coding. In order to address this type of error, the CPT definition of a self-limited or minor problem will be followed.
 - CPT defines a self-limited or minor problem as “a problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status, OR has a good prognosis with management/compliance”



Medical Decision-Making: Diagnoses and/or Management Options

- 3.1.1.2 Self-Limited/Minor Problems

- In order to comply with this CPT definition, unless the provider documents risk factors specific to the patient (e.g., co-morbidities or other extenuating circumstances) that indicate a specific increased risk of altering the health status of the patient or of worsening his or her prognosis, any self-limited or minor problems should be considered “self-limited or minor” in determining the level for diagnoses / management options and level of risk in medical decision-making. Simply stating potential risk factors or circumstances common to all patients with the problem will not justify considering the problem beyond a self-limited/minor problem.
- Example of self-limited/minor problem: 22-year-old male (patient of Dr A, seen by Dr B) presents for 2-day history of cough and congestion. Patient is otherwise healthy, without any other positive findings noted in Review of Systems for ENT and Respiratory organ systems or past medical, family, or social history. Provider performed exam and diagnosed patient with a URI, and prescribed a 10-day course of antibiotics.



Diagnosis Code Selection

- Must be supported by documentation in the current note
- Specific as possible (e.g., pneumonia vs. strep pneumonia)
- Include acuity of diagnosis (e.g., acute, severe, chronic, mild, moderate, etc.)
- May be taken from final assessment or chief complaint
- Use signs/symptoms if unable to make definitive diagnosis during encounter
- Cannot code diagnosis described as “rule out... probable... possible...questionable...”
- Also code secondary conditions affecting treatment



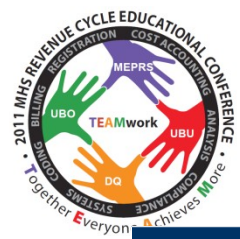
Medical Decision-Making: Diagnoses and/or Management Options

Self-limited or minor: (CPT: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status or has a good prognosis with management/compliance)	____ problems	X 1 point	____ points (max = 2)
Established problem: Stable or improving (By documentation)	____ problems	X 1 point	____ points (max = 2)
Established problem: Worsening (By documentation)	____ problems	X 2 points	____ points
New problem: No additional workup planned (Documentation does not indicate any diagnostic tests performed or ordered)	____ problems	X 3 points	____ points (max = 3)
New problem: Additional work-up planned (diagnostic tests performed at encounter are documented &/or tests ordered are documented)	____ problems	X 4 points	____ points
Total Points:			



Example: Diagnoses and/or Management Options

A/P: 1) Joint pain, likely secondary to arthritis, refractory to OTC pain meds; 2) HTN; 3) Obesity – no change from last visit; 3) Elevated trigs. Rx 10-day course prednisone for joint pain; decrease diet/increase exercise



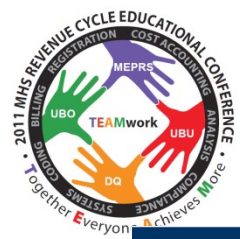
Medical Decision-Making: Diagnoses and/or Management Options

Self-limited or minor: (CPT: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status or has a good prognosis with management/compliance)	____ problems	X 1 point	____ points (max = 2)
Established problem: Stable or improving (By documentation)	<u> 1 </u> problems	X 1 point	1 points (max = 2)
Established problem: Worsening (By documentation)	<u> 1 </u> problems	X 2 points	2 points
New problem: No additional workup planned (Documentation does not indicate any diagnostic tests performed or ordered)	____ problems	X 3 points	____ points (max = 3)
New problem: Additional work-up planned (diagnostic tests performed at encounter are documented &/or tests ordered are documented)	____ problems	X 4 points	____ points
Total Points:			3



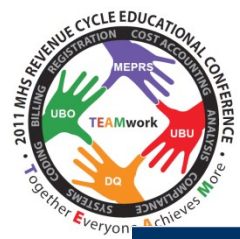
Example: Diagnoses and/or Management Options

A/P: 1) URI, resolving, likely viral; supportive care;
2) HTN.



Medical Decision-Making: Diagnoses and/or Management Options

Self-limited or minor: (CPT: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status or has a good prognosis with management/compliance)	___ 1 ___ problems	X 1 point	1 points (max = 2)
Established problem: Stable or improving (By documentation)	___ problems	X 1 point	___ points (max = 2)
Established problem: Worsening (By documentation)	___ problems	X 2 points	___ points
New problem: No additional workup planned (Documentation does not indicate any diagnostic tests performed or ordered)	___ problems	X 3 points	___ points (max = 3)
New problem: Additional work-up planned (diagnostic tests performed at encounter are documented &/or tests ordered are documented)	___ problems	X 4 points	___ points
Total Points:			1



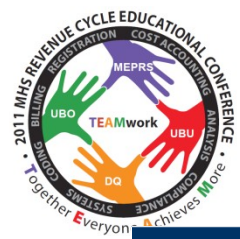
Data Reviewed or Ordered

Item (Documentation required)	Points
Review &/or order of clinical lab tests	1
Review &/or order of tests in Radiology section of CPT	1
Review &/or order of tests in Medicine section of CPT	1
Discuss tests with performing physician	1
Decision to obtain old records (Must identify source and reason for decision)	1
Review & summarize old records (must identify source, provide summary and relevance to current problem)	2
Independent visualization and interpretation of image, tracing, or specimen (Not a review of a report; must document own interpretation)	2
Total Points:	



Example: Data Reviewed/Ordered

- Order CBC, UA, Chem 7, CXR



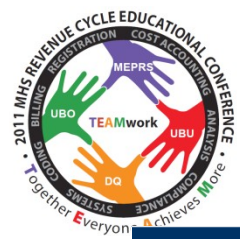
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Review &/or order of clinical lab tests	1
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Review &/or order of tests in Medicine section of CPT	1
Discuss tests with performing physician	1
Decision to obtain old records (Must identify source and reason for decision)	1
Review & summarize old records (must identify source, provide summary and relevance to current problem)	2
Independent visualization and interpretation of image, tracing, or specimen (Not a review of a report; must document own interpretation)	2
Total Points:	2



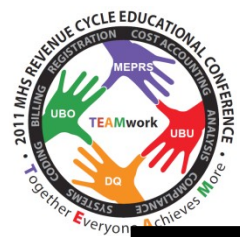
Example: Data Reviewed/Ordered

- EKG: NSR w/ some ectopy
- Order echo, CXR, labs
- Reviewed Santa Rosa Cardiology TTE 7/09 and 10/09. 7/09 TTE shows mild/moderate mitral regurgitation; 10/09 TTE shows same + slight pulmonary valve stenosis.



Data Reviewed or Ordered

Item (Documentation required)	Points
Review &/or order of clinical lab tests	1
Review &/or order of tests in Radiology section of CPT	1
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Discuss tests with performing physician	1
Decision to obtain old records (Must identify source and reason for decision)	1
Review & summarize old records (must identify source, provide summary and relevance to current problem)	2
Independent visualization and interpretation of image, tracing, or specimen (Not a review of a report; must document own interpretation)	2
Total Points:	5



Level of Risk

C. Risk of Complications and/or Morbidity or Mortality				
C.1 Levels of Risk				
Level of Risk	Nature of Presenting Illness/Problem(s)	Diagnostic Procedure Ordered	Management Options Selected	
Minimal	<ul style="list-style-type: none">One self-limited or minor problems; e.g., cold, insect bite, tinea corporis	<ul style="list-style-type: none">Laboratory tests requiring venipunctureChest x-raysEKG/EEGUrinalysisUltrasound, e.g., echocardiographyKOH prep	<ul style="list-style-type: none">RestGarglesElastic BandagesSuperficial dressings	
Low	<ul style="list-style-type: none">Two or more self-limited or minor problemsOne stable chronic illness; e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPHAcute uncomplicated illness or injury; e.g., cystitis, allergic rhinitis, simple sprain	<ul style="list-style-type: none">Physiological tests not under stress; e.g., pulmonary function testsNon-cardiovascular imaging studies with contrast; e.g., barium enemaSuperficial needle biopsiesClinical laboratory tests requiring arterial punctureSkin biopsies	<ul style="list-style-type: none">Over-the-counter drugsMinor surgery with no identified risk factorsPhysical therapyOccupational therapyIV fluids without additives	
Moderate	<ul style="list-style-type: none">One or more chronic illnesses with mild exacerbation, progression, or side effects of treatmentTwo or more stable chronic illnessesUndiagnosed new problem with uncertain prognosis, e.g., lump in breastAcute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitisAcute complicated injury e.g., head injury with brief loss of consciousness	<ul style="list-style-type: none">Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress testDiagnostic endoscopies with no identified risk factorsDeep needle or incisional biopsyCardiovascular imaging studies w/contrast and no identified risk factors, e.g., arteriogram, cardiac catheterizationObtain fluid from body cavity, e.g., lumbar puncture thoracentesis, culdocentesis	<ul style="list-style-type: none">Minor surgery w/ identified risk factorsElective major surgery (open, percutaneous, or endoscopic) w/ no identified risk factorsPrescription drug managementTherapeutic nuclear medicineIV fluids with additivesClosed treatment of fracture or dislocation without manipulation	
High	<ul style="list-style-type: none">One or more chronic illness with severe exacerbation, progression, or side effects of treatmentAcute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failureAn abrupt change in neurologic status, e.g., seizures, TIA, weakness, or sensory loss	<ul style="list-style-type: none">Cardiovascular imaging studies with contrast with identified risk factorsCardiac electrophysiological testsDiagnostic endoscopies with identified risk factorsDiscography	<ul style="list-style-type: none">Elective major surgery (open, percutaneous, or endoscopic) with identified risk factorsEmergency major surgery (open, percutaneous, or endoscopic),Parenteral controlled substancesDrug therapy requiring intensive monitoring for toxicityDecisions not to resuscitate or to de-escalate care because of poor prognosis	
BOX C. Risk of Complications and/or Morbidity or Mortality				
Nature of presenting illness/problem(s)	Minimal	Low	Moderate	High
Risk conferred by diagnostic procedure options	Minimal	Low	Moderate	High
Risk conferred by therapeutic management options	Minimal	Low	Moderate	High
Bring results to BOX D. Final Results for Medical Decision-Making	Final Risk determined by highest level of any of the 3 components above			
	Minimal	Low	Moderate	High



Example: Level of Risk

A/P: Chest wall pain – probable costochondritis. EKG normal; schedule treadmill. Rx OTC NSAIDs, limit activities that exacerbate discomfort. Return to Dr. Brinkley for ongoing care.

Level of Risk

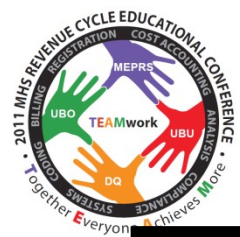
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Bring results to BOX D. Final Results for Medical Decision-Making	Final Risk determined by highest level of any of the 3 components above			
	Minimal	Low	Moderate	High



Example: Level of Risk

- A/P:

1. HTN (controlled): Continue present management atenolol
2. Chronic headaches (severe), order EEG w/o photon pattern; consult to Neuro
3. Obesity – Counseled pt to start diet/exercise program w/ gradual progression, stressing importance of losing weight to improve BP
4. RTC 1 month to review EEG, Neuro consult



Level of Risk

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Bring results to BOX D. Final Results for Medical Decision-Making	Final Risk determined by highest level of any of the 3 components above			
	Minimal	Low	Moderate	High



Leveling Medical Decision-Making - Box D

BOX D. Final Result for Complexity of Medical Decision-Making (MDM)					
A	Number of diagnoses and/or management options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Amount and complexity of data reviewed or ordered	≤ 1 None/Minimal	2 Limited	3 Multiple	≥ 4 Extensive
C	Risk of complications for morbidity and/or mortality	Minimal	Low	Moderate	High
Type of medical decision-making		Final MDM requires that <u>2 of 3 of the above components are met or exceeded</u>			
		Straight Forward (S)	Low Complexity (L)	Moderate Complexity (M)	High Complexity (H)



Leveling Medical Decision-Making - Box D

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A	Number of diagnoses and/or management options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
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Leveling Medical Decision-Making - Box D

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		Straight Forward (S)	Low Complexity (L)	Moderate Complexity (M)	High Complexity (H)



Overall Leveling

EVALUATION AND MANAGEMENT (E & M) LEVEL OF SERVICE									
E & M Code	History	Exam	MDM	Average Time	E & M Code	History	Exam	MDM	Average Time
New Patient Office/Outpatient Requires 3 of 3 components met					Established Office/Outpatient Visit - Requires 2 of 3 components met. MDM must be 1 of the 2 required components met				
99201	PF	PF	S	10	99211	N/A	N/A	N/A	5
99202	EPF	EPF	S	20	99212	PF	PF	S	10
99203	D	D	L	30	99213	EPF	EPF	L	15
99204	C	C	M	45	99214	D	D	M	25
99205	C	C	H	60	99215	C	C	H	40



Reminder...

“If it’s not documented; it wasn’t done.”

NOT CODEABLE

Questions???



References

- Medicare Learning Network “Evaluation and Management Services Guide”, July 2009
- CPT® 2011 Professional Edition, American Medical Association
- MHS Coding Guidelines, 2011